



LIHEAP EMERGENCY DOCUMENTATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LIHEAP
SFN 11 (8-2023)

18 hours - Life Threatening, 48 hours - Non-Life Threatening

Name	Emergency Application Date	Case Number
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The issue and response(s) are included in case narratives.

CURRENT MONTH INCOME	TOTAL AMOUNT
Community Resources and Available Credit:	
Assets:	
Income (Earned and Unearned):	
Other Income:	
TOTAL INCOME	

CURRENT MONTH EXPENSES	TOTAL AMOUNT
Food (out of pocket food costs):	
Shelter Costs (Rent or Mortgage):	
Utility Bills:	
Prescriptions:	
Medical Bills:	
Health Insurance Premiums:	
Transportation Costs:	
Employment Costs (Tools, Clothing):	
Child Care Costs:	
Child Support/Spousal Support:	
Personal Care/Miscellaneous Costs:	
Other Mandatory Expenses:	
Absent Student/Worker Expense:	
TOTAL COUNTABLE EXPENSES	

Total Income	Total Expenses	Amount Available
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Plan of Action - Actions Taken by Worker

Yes - Discussed a Plan of Action with the client. Date: _____

No - Did NOT discuss a Plan of Action: Explain why not below:

Action Plan	Discussed with Client	Sent Referral, Information, Application
Negotiating a Payment Plan	<input type="checkbox"/>	<input type="checkbox"/>
Self Reliance/Budget Counseling/Case Management	<input type="checkbox"/>	<input type="checkbox"/>
Employment Services	<input type="checkbox"/>	<input type="checkbox"/>
Weatherization	<input type="checkbox"/>	<input type="checkbox"/>
Energy Share	<input type="checkbox"/>	<input type="checkbox"/>
Furnace Repair/Replacement	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Assistance Program (CCAP)	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Coverages (HCC)	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
Low Income Housing	<input type="checkbox"/>	<input type="checkbox"/>
List other Agencies They Can Check With		
Other Actions Taken by Worker		
Will making these payments or referrals to other agencies resolve the issue? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the client have to pay a portion before we can pay our portion? <input type="checkbox"/> Yes - Specify Amount: _____ <input type="checkbox"/> No		If yes, did the client make their payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments		

Payments for Delivery/Read dates up to 90 days prior to the Emergency Application date

Read/Delivery/Service Date	Heat Type/Service	Usage	Billed Amount	LIHEAP Paid	Remaining Amount	Client Paid	Emergency Paid
Total PAID for this Emergency							

Action
 Approved Approved with State Approval Approved Referral Only
 Denied - Denial Reason:

Eligibility Worker	Date
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